

# HIGHWAY SAFETY S.T.E.P. APPLICATION

Montana Department of Transportation

State Highway Traffic Safety Office

2701 Prospect Avenue

P.O. Box 201001

Helena, MT 59620-1001

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## Section 1. Project Identification Overtime Law Enforcement

### Applicant Agency:

Address:

City

State

Zip

Phone

County

Agency E-Mail of Contract Signer

Taxpayer Identification Number (FEIN or TIN):

Private Nonprofit (circle one): Yes (If yes, attach IRS Documentation) No

### Project Director:

Address

City

State

Zip

Phone

County

E-Mail

Point of Contact (who should we call)

Title

Address

City

State

Zip

Phone

County

E-Mail

Project Duration

/ /

/ /

Projected Date  
of Award:

Month Day Year

Finish: Month Day Year

Signature of Authorized Representative:

Date: